

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov

May 18, 2011

HH

MEDICAID BULLETIN

TO: All Medicaid Home Health Providers

SUBJECT: Home Health Policy Update and Training

The South Carolina Department of Health and Human Services will offer provider training on the Home Health program and provider manual. The training will be held June 27, 2011 at Palmetto GBA in Columbia from 10:00 A.M to 2:00 P.M. To register, visit the South Carolina Medicaid Provider Outreach Website at www.scmemoaidprovider.org or call South Carolina Medicaid Provider Outreach at 1-888-289-0709.

Effective February 1, 2011, Home Health agency visits are limited to a total of fifty (50) per recipient age 21 and older per state fiscal year for all mandatory and optional home health services. The state fiscal year begins July 1st and ends June 30th of each year. Providers may verify the visit count by utilizing the South Carolina Medicaid Web-based Claims Submission Tool's eligibility screen or Medicaid Interactive Voice Response System (IVRS). For more information on accessing these systems, contact the South Carolina Medicaid Provider Outreach at 1-888-289-0709.

When it is medically necessary for a beneficiary to exceed the fifty (50) visit limitation, a request for additional visits can be made. The form, Request to Exceed 50 Visit Limitation for Home Health Services, is available at www.scdhhs.gov or contact the program area at 803-898-2590. All sections of the request form must be completed and the form must be signed and dated by the physician ordering home health services. An executive summary describing in detail the extenuating circumstances which make additional visits medically necessary and the number and type of home health visits requested must be attached. The physician ordering home health services must sign the executive summary. Supporting medical documentation which documents the medical necessity for the additional home health visits must be included.

The request form, executive summary and medical documentation will be reviewed by the South Carolina Department of Health and Human Services medical reviewer for resolution.

Mail the request form and supporting documentation to:

SC Department of Health and Human Services
Attn: Home Health, 7th Floor
PO Box 8206
Columbia, SC 29202-8206

If you have any questions regarding this bulletin, please contact your program manager at 803-898-2590. Thank you for your continued support and participation in the South Carolina Medicaid Program.

/S/
Anthony E. Keck
Director

NOTE: To receive Medicaid bulletins by email, please send an email to bulletin@scdhhs.gov indicating your email address and contact information. To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions:
<http://www.scdhhs.gov/dhhsnew/serviceproviders/eft.asp>